

162352

Standard Form 1034 January 1980 1 TFRM 4-2000		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO. 8168-08	
U.S. Department, Bureau, or Establishment and location Environmental Protection Agency National Contract Payment Division (MD-32) Research Triangle Park, NC 27711				Date Voucher Prepared DEC 08 1995		SCHEDULE NO.	
				Contract Number and Date 68-S2-5001 09/29/92		PAID BY	
				Requisition Number and Date 5001-05-368 03/08/95			
PAYER'S NAME Riedel Environmental Services, Inc. 135 South LaSalle Street Department 2804 AND Chicago, IL 60674-2804 ADDRESS						DATE INVOICE RECEIVED	
						DISCOUNT TERMS	
						PAYER'S ACCOUNT NO. 8168-08	
SHIPPED FROM		TO		WEIGHT		GOVERNMENT B/L NO.	
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or federal supply schedule, and other information deemed necessary)	QUAN TITY	UNIT PRICE COST PER		AMOUNT	
	09/28/95 to 09/28/95	"For detail, see SF-1035" RES JOB NO. 8168 Sauget Area 1 Site DELIVERY ORDER NO. 5001-05-368 COST REIMBURSABLE PROVISIONAL PAYMENT				\$ 8,877.78	
<p>* I hereby certify in accordance with FAR 52.212-7 (Fixed Rate Items) and FAR 52.216-7 (All Other Costs) that all costs included in this invoice have been paid by Riedel Environmental Services, Inc. prior to submitting the invoice to EPA for payment.</p> <p><u>12/5/95</u> DATE <u>R. E. G. P. A. R. V. P. R. M. G.</u> Name and Title of Signer with Authority to Bind the Company</p>							
(Payee must NOT use the space below)						TOTAL \$ 8,877.78	
PAYMENT:		APPROVED FOR	EXCHANGE RATE	DIFFERENCES			
<input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		-\$	-\$1.00				
BY				Account verified correct for.			
TITLE				Signature or initials			
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
(Date)		(Authorized Certifying Officer)			(Title)		
ACCOUNTING CLASSIFICATION							
<p><u>On-Scene Coordinator's Certification</u></p> <p>I certify to the best of my knowledge and belief that the services shown on the invoice have been performed and are accepted.</p> <p>Date <u>12-18-95</u> On-Scene Coordinator <u>Samuel F. B. B. B.</u></p>							
P	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURER		CHECK NUMBER	ON (Name of bank)		
A							
I							
D							
B	CASH.	DATE		PAYEE			
Y	\$						